

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/855,804	RECEIVED CENTRAL FAX CENTER MAR 11 2005						
	Filing Date	May 16, 2001							
	First Named Inventor	Linda Ann Roberts							
	Art Unit	2665							
	Examiner Name	Jason E. Mattis							
	Attorney Docket Number	BS00337							
Total Number of Pages in This Submission: 33									
ENCLOSURES (Check all that apply)									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> Fee Transmittal Form (IN DUPLICATE) <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <i>w/ EXTENSION OF TIME IN RESPONSE PAGE 28</i> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): </td> </tr> <tr> <td colspan="3"> Remarks: <div style="font-family: cursive; font-size: 1.2em; padding: 10px;"> Please see page 28 for the one month extension of time request. Thanks </div> </td> </tr> </table>				<input checked="" type="checkbox"/> Fee Transmittal Form (IN DUPLICATE) <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <i>w/ EXTENSION OF TIME IN RESPONSE PAGE 28</i> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	Remarks: <div style="font-family: cursive; font-size: 1.2em; padding: 10px;"> Please see page 28 for the one month extension of time request. Thanks </div>		
<input checked="" type="checkbox"/> Fee Transmittal Form (IN DUPLICATE) <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <i>w/ EXTENSION OF TIME IN RESPONSE PAGE 28</i> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):							
Remarks: <div style="font-family: cursive; font-size: 1.2em; padding: 10px;"> Please see page 28 for the one month extension of time request. Thanks </div>									
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197						
Signature	<i>Bambi Faivre Walters</i>								
Date	March 11, 2005								

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (Print/Type)	Bambi Faivre Walters	Date	March 11, 2005
Signature	<i>Bambi Faivre Walters</i>		

RECEIVED
CENTRAL FAX CENTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAR 11 2005

In re application of: Linda Ann Roberts

Group Art Unit: 2665

Application No.: 09/855,804

Examiner: Jason E. Mattis

Filed: May 16, 2001

Title: "Priority Caller Alert"

VIA FACSIMILE 703-872-9306

TC2800, Before Final

Attn: Examiner Jason E. Mattis

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: 3/11/05 (date of transmission).

Bambi F. Walters

Name of Person Faxing This Paper

Bambi F. Walters

Signature

MARCH 11, 2005

Date of Transmission

AMENDMENT AND RESPONSE TO NOVEMBER 22, 2004 OFFICE ACTION

This Amendment and Response is filed in reply to the Non-Final Office Action mailed on November 22, 2004, and it is believed to place the above-identified Application in condition for allowance.

Assignee responds as follows: